

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1 ✓	5/1/63
2 ✓	5/1/63
3 ✓	5/1/63
4 ✓	5/1/63
5 ✓	5/1/63
6 ✓	5/1/63
7 ✓	5/1/63
8 ✓	5/1/63
9 ✓	5/1/63
10 ✓	5/1/63
11 ✓	5/1/63
12 ✓	5/1/63
13 ✓	5/1/63
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29 ✓	5/1/63
30 ✓	5/1/63
31 ✓	5/1/63
32 ✓	5/1/63
33 ✓	5/1/63
34 ✓	5/1/63
35 O	5/1/63
36 ✓	5/1/63
37 ✓	5/1/63
38 ✓	5/1/63
39 ✓	5/1/63
40 ✓	5/1/63
41 ✓	5/1/63
42 O	5/1/63
43 ✓	5/1/63
44 ✓	5/1/63
45 ✓	5/1/63
46 ✓	5/1/63
47 ✓	5/1/63
48 O	5/1/63
49 ✓	5/1/63
50 ✓	5/1/63

Claim	Date
Final	
Original	
51 ✓	5/1/63
52 ✓	5/1/63
53 ✓	5/1/63
54 ✓	
55 ✓	
56 ✓	
57 ✓	
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60 ✓	
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100 ✓	

Claim	Date
Final	
Original	
101 ✓	
102 ✓	
103 ✓	
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147 ✓	
148 ✓	
149 ✓	
150 ✓	

**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here

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